

A3 for Quality Improvement

Health Home Learning
Collaborative

June 01, 2020

Objectives

- Discuss SPA requirements
 - Quality improvement program
 - Risk Assessment
- Quality Improvement (QI) Overview
 - PDSA
 - Tools in the PDSA Process
- Identify how A3 can be used for QI
- Apply it to Risk Assessment

SPA Requirements for Quality and Risk Assessment

SPA Requirements

- Lead Entity
 - Supports the Health Home
 - Provides data analysis
- Health Home
 - Establish a QI program
 - Collect and report data
 - Evaluate Coordination of Care & Chronic Disease Management
 - Individual level clinical outcomes
 - Experience of care outcomes
 - Quality of care outcomes at the population level

Emphasis on Quality and Safety

- Ongoing QI Plan
- Use clinical indicators to drive QI
- Engaged Leadership
- Participate in CMS and State Required activities
- Interoperable EMR
- Develop Disease Management Programs

Risk assessment

- Anticipated Outcomes
 - Reduce lifestyle-related risk factors
- Lead Entity Responsibility
 - Tools for HH to customize care based on risk
 - Reporting tools that identify member's risk
 - Risk assessments (Health and Wellness Questionnaire)
- Health Home Responsibility
 - Use member level information, member profiles for high risk individuals
 - Health risk questionnaires for all members
 - Assess social environment

Model for Improvement

Three questions

- Aim: What are we trying to accomplish?
- Measures: How will we know a change is an improvement?
- Changes: What changes can we make that will result in improvement?

Aim

- What are we trying to accomplish?
 - Safe
 - Timely
 - Effective
 - Efficient
 - Equitable
 - Patient-centered

Measures

- How will we know a change is an improvement?
 - Outcome Measures
 - Where are we ultimately trying to go?
 - Process Measures
 - Are we doing the right things to get there?
 - Balancing Measures
 - Are the changes we are making to one part of the system causing problems in other parts of the system?

Changes

- What Changes can we make that will result in improvement?
 - Five useful way to develop changes
 - Critical thinking
 - Benchmarking
 - Using technology
 - Creative thinking
 - Change concepts

Change Concepts

- Eliminate waste
- Improve work flow
- Optimize inventory
- Change the work environment
- Producer/customer interface
- Manage time
- Focus on variation
- Focus on error proofing
- Focus on the product or service

Plan-Do-Study-Act (PDSA) Cycle(s)

- Plan
 - Plan the test or observation, including a plan for collecting data.
- Do
 - Try out the test on a small scale.
- Study
 - Set aside time to analyze the data and study the results.
- Act
 - Refine the change, based on what was learned from the test.

Tools for each step in PDSA



- <https://www.langfordlearning.com/tool-time/tool-time-for-healthcare>

A3

What is an A3?

- Lean tool
 - Toyota problem solving tool
 - A3 paper alias (11" x 17" or B-sized paper)
 - Training required for all staff for success
 - Provides structure and documentation for QI
 - Used to manage QI efforts

When do you use an A3?

- When you need to document the preliminary thinking you've done for a process improvement project
- When you need to communicate ideas to get feedback or build consensus for a process improvement project
- To hold your thought process and make a coherent case for improvement ideas

https://cityperformanceleanprogram.weebly.com/uploads/1/4/0/3/14037181/a3_resource_guide_and_template.pdf

Why Use an A3 Process?

- Increased collaboration
 - Purpose, goals, and strategies
 - Invest time, money and momentum effectively
- Increases strategic thinking and problem solving
- Increase alignment

Title:

Purpose/AIM

Causes

Future Process

Outcomes

Background

Current Process

Action Plans

Follow up

Plan

- Identify the problem or need
- Understand the current situation/state
- Develop the goal statement – develop the target state
- Perform root cause analysis
- Brainstorm/determine countermeasures

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|-----------------|----------------|
| Purpose/AIM | Causes |
| Background | |
| Current Process | Future Process |

Do

Create a countermeasures implementation plan

| Action Plans |
|--------------|
| |

Study

Check results – confirm the effect

| Outcomes |
|----------|
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What if it didn't work?



Act

Update standard work

Follow up

How to Apply to Risk Assessment?

Purpose/AIM

What is the problem or the need?

“We need a risk assessment that assists us with understanding our population and delineate our patients by complexity and care needs to meet the triple (quadruple) aim.”

Background

- SPA requirements/ Organizational requirements (policy)
- What information do you get now to identify risk of a member?
 - Risk score from MCOs
 - Wellness or risk assessments from MCOs
 - Current internal risk assessments
- Quantify the problem what baseline data do you have?
 - Patients with high inappropriate utilization (several different measures)

Current Process

What is your current process?

- Use QI tools to help you map out the process.
- Discuss what is missing, what is in there that shouldn't be?
- What step in the process needs improved

Causes



Future Process

- Countermeasures
 - Ideas to tackle the situation
 - Changes that will be made to address root cause
 - Specify indented outcome and plan
 - Create clear, direct connections between people and process
 - Reduce waste
- Process Mapping
- Target State

Action Plan

- A well-defined description of the goal to be achieved
- Tasks/ steps that need to be carried out to reach the goal
- People who will be in charge of carrying out each task
- When will these tasks be completed (deadlines and milestones)
- Resources needed to complete the tasks
- Measures to evaluate progress

Outcomes

- Check your work
- Ensure:
 - Implementation plan executed
 - Target condition was realized
 - Expected results were achieved

Follow-Up

- How will you communicate the process
- Who will monitor the process
- What metrics will you use
- Ensure ongoing improvement
- Share the information
- Sustain!

Questions